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RADNORSHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

School Medical Officer,

For the Year ended 31st December, 1913.



LLANDRINDOD WELLS:

Printed by the Radnorshire Standard Co., Limited

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TABLE II.

Return Showing the Physical Condition of Children Inspected.

[illegible]

To the Chairman and Members of the Radnorshire Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN.

I have the honour to present to you my Third Annual Report, that for the year ended 31st December, 1913, on the medical inspection of the children attending the public elementary schools in Radnorshire.

The population of the County at the middle of the year 1913 is estimated to have been 22,424, a decrease of 166 since the taking of the Census in 1911. The area of the County is 301,165 acres. It consists of three urban and five rural districts.

The schools are situated as follows :—

Urban Districts.

	Voluntary.	Council.	Total.
Knighton (3 departments)	1	0	1
Llandrindod Wells	1	1	2
Presteign	2	1	3

Rural Districts.

Colwyn	4	2	6
Knighton	10	5	15
New Radnor	5	3	8
Painscastle	6	0	6
Rhayader	8	3	11
	—	—	—
Totals	37	15	52

The number of children that can be accommodated in the schools is 4,707. The accommodation was increased by 200 when the new Council School at Llandrindod Wells was opened in the autumn of 1913.

The average attendance for the County during 1913 was 2,991, the number of children on the registers being 3,482.

Four chief groups of children were medically inspected :—

- (1) Entrants, and those about age 5;
- (2) Those about age 7;
- (3) Those about age 10;
- (4) Those about age 13.

These children consisted of those born in the years 1908, 1906, 1903, and 1900. Entrants born prior to 1908 did not always receive a complete examination as they would come up for routine medical inspection in 1914. Special cases born in other years than those mentioned were also inspected when brought to my notice by the Head Teachers, Attendance Officers, or parents. In the preparation of the statistics the routine and special cases are not separately classified.

During the year, 1,588 children—774 boys and 814 girls—were medically inspected.

I was able to visit the majority of the schools twice during the year but there was little done in the way of "following-up" defective children. The time at my disposal while visiting the schools was too short to allow of my devoting adequate attention to this important branch of the work. The real object of school medical inspection is not the compiling of statistics with reference to the number of defects found in school children. The inspections are productive of little benefit unless the defects which are brought to light are removed as far as possible by early and appropriate treatment under medical supervision. Many conditions, *e.g.*, anaemia, poor nutrition, etc., are due to faulty home hygiene and ignorance as to the best food suited to the growing child. Here the services of a capable and tactful school nurse would be of inestimable value.

The Medical Inspector of the Board of Education at the time of his visit in November last, went very fully into all matters relating to the school medical service in this county, including the arrangements for the co-ordination of the work of the School Attendance Officers with my own work. Since the early part of this year (1914) a scheme has been in operation under which the Head Teachers send every week to the Attendance Officers lists of all children absent from school for any reason. The lists are then forwarded to me by the Attendance Officers with any remarks they may have to make. Where illness is probably the reason for absence I have communicated with the parents requesting information as to whether a doctor has been consulted. This work has considerably increased the clerical work which is required to be done.

In June, 1913, the Tuberculosis Exhibition of the Welsh National Memorial visited Llandrindod Wells. During its stay lectures were given to the school children of the district in the forenoons. Dr. Owen Morris, at my suggestion, again visited the County in September, and, by the arrangement made by the Education Committee, the teaching staffs of all the Schools in the County, had an opportunity of attending lectures given by Dr. Morris. The teachers had the option of attending at either Llandrindod Wells or New Radnor. Excellent attendances were made at these centres. The object of the lectures was to provide the teachers with the essential points in regard to the prevention of Tuberculosis, and the teaching of hygiene generally, upon which most stress should be laid when giving instruction to children on these matters. During this year (1914) arrangements will be made by the Memorial Association for lecturers to visit every school in the County when simple talks will be given to the children.

The Chief Medical Officer of the Board of Education in the appendix of his Report for 1912, expresses the hope that, for the purpose of uniformity, School Medical Officers will present their statistical returns in a form suggested by him. This I have done as far as possible, and in subsequent Reports my statistics will more adequately comply with the request.

The percentage of parents who attended at the medical inspections was 32.5.

The Education Committee has adopted a scheme for the treatment of children suffering from defective eyesight, particulars of which are given in this Report, but up till the present it has not been possible to do any work in this direction.

I am,

Your obedient servant,

LAURENCE W. POLE, M.B., D.P.H.

County Medical Officer of Health.
School Medical Officer.

County Buildings,
Llandrindod Wells,
5th May, 1914.

TABLE I.
**NUMBER OF CHILDREN INSPECTED—1st January, 1913 to
 31st December, 1913.**

A—"Code" Groups.

AGE.	Entrants.					Leavers.				Grand Total
	3	4	5	6	Total.	12	13	14	Total.	
Boys.....	17	50	91	110	268	93	71	...	164	432
Girls.....	11	33	119	108	271	103	73	4	180	451
Totals	28	83	210	218	539	196	144	4	344	883

B—Groups other than "Code."

AGE.	Intermediate Groups.							Grand Total.
	7—8			9—10			11	
	7	8	Total.	9	10	Total.		
Boys.....	97	21	118	115	89	204	20	342
Girls.....	102	31	133	99	120	219	11	363
Totals	...	199	52	251	214	209	31	705

REPORT.

In Table I. (Group A) will be seen the number of children examined in accordance with the requirements of the Board of Education. This table is made up of entrants and leavers, a total of 883 children.

In the intermediate groups—Table I. Group B—a total of 705 children were examined. In consequence of the fact that no separate classification has been made of routine and special cases some of the children specially examined will be found in both groups. In the future the specially examined children, if not belonging to Groups A or B, will be classified separately.

In Table II. is set out the physical condition of the children medically inspected. They are classified according to the age at inspection, and the percentages for each group are given.

CLOTHING.

This was very satisfactory, the percentage of children having unsatisfactory clothing being only 0.5.

FOOTGEAR.

Very few cases of unsatisfactory footgear were found. The total percentage of these was 0.7. The percentage of boys was 1.0 and of girls 0.4.

CLEANLINESS OF HEAD.

The total percentage of children with clean heads, that is, with no vermin present, was 82.2. 3.2 per cent. of the boys were verminous and 31.6 per cent. of the girls. The total percentage of the children having vermin in the hair was slightly less than for 1912, 17.8 per cent. as against 18.6 per cent., and 26.6 per cent. for 1911. The chief difficulty lies with the girls who wear the hair long and loose. The favourite remedy for keeping the heads clean is a pomade which is probably of little value for the purpose. Much

money is spent on this, that is, because of the ignorance of parents, quite wasted. The more energetic use of a suitable comb and the thorough application of paraffin oil would be found cheaper and more effective. Apart from vermin no fault could be found with the state of the children's heads except in a small number of cases.

On referring to Table II. it will be noticed that there is a gradual rise in the percentage of children having vermin in the hair. This points to the probability that the older children are left to shift to some extent for themselves in the matter of hair cleanliness. Without efficient supervision it is not to be expected that the average school child will take proper care of the hair. This is well seen in the case of the boys with vermin in their hair; these are usually the most neglected in all other respects.

CLEANLINESS OF THE BODY.

The total percentage of children not in a clean condition bodily was 1.3. The great majority of these were boys. Only three girls, 0.4 per cent. were dirty, against 17 boys, or 2.2 per cent.

NUTRITION.

The total percentage of children with "excellent" or "normal" nutrition was 68.9; with nutrition "below normal" 20.3; and with "bad nutrition, 10.8. Excluding the small group aged 11 it will be noticed that the group which shows the worst results is that of the children aged 7-8. 56.2 per cent. come under the heading "excellent or normal," while 26.7 per cent. and 17.1 per cent. have fair and bad nutrition respectively. This is the age when children require more careful attention than is often given to them. They are neither infants nor well-grown boys and girls, and are likely to suffer because of the greater amount of attention which is given to younger children, and because they are left to look after themselves to a greater extent than when they were smaller.

I have dealt in my former Reports with the causes of defective nutrition in children—the want of sufficient nourishing food and more especially food suitable to the age and powers of digestion of young children; and the need for abundance of fresh air and adequate sleeping accommodation.

HEIGHTS AND WEIGHTS—BOYS.

TABLE III.

Age.	Number Examined.	Height (average).		Weight (average).		GREAT BRITAIN. (British Association, 1883).		ENGLAND. (Tuxford & Glegg).		ENGLAND & WALES (Greenwood).	
		Centi- metres.	Inches.	Kilo- grammes.	Pounds.	Height. Inches.	Weight. Pounds.	Height. Inches.	Weight. Pounds.	Height. Inches.	Weight. Pounds.
3	17	92·8	36·5	14·8	32·6	...	...	36·4	32·8	36·4	32·9
4	50	98·6	38·8	16·2	35·7	...	...	38·7	35·9	38·6	35·8
5	91	103·8	40·9	17·6	38·8	41·0	39·9	40·6	38·7	40·7	38·5
6	110	109·5	43·1	19·5	43·0	44·0	44·4	42·5	42·6	43·0	42·2
7	97	113·9	45·8	20·7	45·6	46·0	49·7	45·2	46·7	45·0	46·6
8	21	117·9	46·4	22·8	50·3	47·1	54·9	47·0	50·4	47·4	52·2
9	115	126·6	49·8	26·5	58·4	49·7	60·4	49·1	55·4	49·1	55·9
10	89	128·1	50·4	27·0	59·5	51·8	67·5	51·0	60·5	50·9	60·3
11	20	133·5	52·6	29·1	64·2	53·5	72·0	52·8	65·9	53·0	66·5
12	93	139·3	54·8	33·5	73·8	55·0	76·7	55·0	72·9	55·0	73·0
13	71	142·5	56·1	34·7	76·5	56·9	82·6	56·1	77·5	56·0	77·3
14	...	...	...	...	...	...	...	...	...	...	...

HEIGHTS AND WEIGHTS—GIRLS.

TABLE IV.

Age.	Number Examined.	Height (average).		Weight (average).		GREAT BRITAIN. (British Association, 1883).		ENGLAND. (Tuxford & Glegg).		ENGLAND & WALES (Greenwood).	
		Centi- metres.	Inches.	Kilo- grammes.	P-unds.	Height. Inches.	Weight. Pounds.	Height. Inches.	Weight. Pounds.	Height. Inches.	Weight. Pounds.
3	11	93.4	36.8	14.2	31.3	...	...	36.1	31.8	36.0	31.6
4	33	98.4	38.7	16.2	35.7	...	...	38.6	34.9	38.2	34.9
5	119	102.7	40.4	17.1	37.7	40.6	39.2	40.4	37.6	40.4	37.6
6	108	109.2	43.0	18.9	41.7	42.9	41.7	42.4	40.9	42.6	41.0
7	102	113.8	44.8	20.5	45.2	44.5	47.5	44.8	45.2	44.6	45.0
8	31	117.2	46.1	22.5	49.6	46.6	52.1	46.3	48.9	47.0	49.8
9	99	124.8	49.1	25.2	55.6	48.7	55.5	48.7	54.6	48.7	54.0
10	120	127.5	50.2	26.2	57.8	51.1	62.0	51.1	58.9	50.7	59.1
11	11	135.0	53.1	30.6	67.5	53.1	68.1	52.6	65.2	52.8	65.1
12	103	139.6	55.0	33.4	73.6	55.7	76.4	54.6	73.9	55.6	73.9
13	73	143.8	56.6	35.9	79.1	57.8	87.2	56.9	80.0	57.0	80.4
14	4	145.6	57.3	36.9	81.3	59.8	96.7	58.7	87.8	58.8	88.9

HEIGHT AND WEIGHT.

Tables III. and IV. set out the average height and weight of the children examined. For the sake of comparison three sets of measurements are placed alongside those for Radnorshire, viz.,

- (1) Those of the British Association (Final Report of the Anthropometric Committee, 1883);
- (2) Those of Dr. A. W. Tuxford, School Medical Officer of Lincs (Holland) and Dr. R. Ashleigh Glegg, School Medical Officer, Lincs (Lindsey), from the examination of 587,635 children in 17 County and 44 Urban Districts in England.
- (3) Those of Mr. Arthur Greenwood, Huddersfield, based on over 800,000 observations recorded in School Medical Officer's reports.

The figures for Radnorshire compare more favourably with the more recent statistics, but the figures for the girls show a closer approximation to those of the British Association than do the figures for the boys.

NOSE AND THROAT.

Table II. shows the numbers of children in the various age-groups who had enlarged tonsils and adenoids. In Table V. the total percentages are stated separately for boys and girls.

TABLE V

Nose and Throat	Boys		Girls	
	Number	Per cent	Number	Per cent
Tonsils—				
Slightly enlarged ...	214	27.6	278	34.2
Much enlarged ...	61	7.8	68	8.4
Adenoids ...	7	0.9	12	1.5

The percentage of girls with enlarged tonsils was greater than that of the boys—girls 42.6 per cent., boys 35.4 per cent. The boys were also less often affected with adenoids.

ENLARGED CERVICAL & SUBMAXILLARY GLANDS.

The total number of children who had any degree of enlargement of the glands of the neck was 1,021—64.3 per cent. In very few cases was the enlargement of a marked character.

Enlarged tonsils, adenoids, defective teeth, and verminous condition, are the commonest causes of enlarged glands of the neck.

EXTERNAL EYE DISEASE.

Fourteen boys and 12 girls had inflammation of the eyes or eyelids (conjunctivitis, blepharitis). In the case of three boys and five girls this was accompanied by defective vision. One boy was unable to use his eye for reading, etc., because of involuntary rolling movements of the eyeballs. One girl had nystagmus so that she had little use of her eyes for school work.

EAR DISEASE.

Table II. shows the percentage of children who had obstruction in the ear passages (from wax) and discharge from the ears (otorrhœa). The condition of each ear is stated separately. The number of girls having otorrhœa was greatly in excess of that of the boys.

GOITRE.

Thirteen boys (1.7 per cent.) and 31 girls (3.8 per cent.) had enlargement of the thyroid gland—goitre. The following are the numbers in the various age-groups :—

Entrants	3	—
7-8	1	5
9-10	4	8
11	—	3
Leavers	5	15

The total percentage of children having goitre was 2.7. In 1911 and 1912 the percentages were respectively 3.4 and 2.1.

HEARING.

Children under the age of six were not tested. The watch was used for the purpose of testing the hearing of the children.

Normal hearing was present in both ears in 94.6 per cent. of all the children. Slight deafness was present in 2.1 per cent. and marked deafness in 2.8 per cent. (right ear), and 2.9 per cent (left ear).

TEETH.

The children are classified as those having sound teeth; those with less than four decayed teeth; and those with more than four decayed teeth. The children in the age groups 7-8, and 9-10 have the smallest percentages of sound teeth and the highest percentages in which more than four teeth were decayed. [This result corresponds fairly closely with that obtained in 1912, as shown on page 12 of my Report for that year.] The percentage of entrants having sound teeth, 16.5, is in marked contrast with the next age-group (7-8) where the corresponding percentage is 5.6 The total percentage of children having sound teeth is 9.7 and those having more than four decayed teeth 61.2 These last are the children for whom treatment is required in order to prevent the further spread of the decay.

HEART AND CIRCULATION.

The percentage of children having organic disease of the heart remains high—3.2 per cent. In only a few instances were any symptoms present pointing to inability of the heart to do its work properly, but it would be more satisfactory to have more frequent examinations of these cases. In a proportion of the cases the altered heart-sounds may be no index of disease in connection with the heart, but may in such cases be the normal condition and due to some other circumstance than disease.

Periodical examination of these cases would be of great value. Eliminating the small group of children aged 11, the highest percentage—5.2—was found among the “leavers” group.

The percentage of children having functional heart disease was 2.0. This condition is often found in poorly nourished children who are probably also anaemic. Improved nutrition and a better blood supply are the objects to be aimed at.

Three hundred and eighty-six children—24.3 per cent.—had some degree of anaemia. This condition was found more often among the boys in every age-group.

LUNGS

Forty children (2.5 per cent.) had bronchitis, either of a temporary nature or more or less chronic and of some years' duration. This condition was frequently associated with defective nutrition.

One girl and one boy were found to have Tuberculosis of the Lungs (Consumption) and were also seen by the Tuberculosis Physician. Some doubtful cases were also referred to him for examination, but these were pronounced to be free from tuberculosis.

SKIN DISEASE

98.6 per cent. of all the children medically inspected were found to be free from disease but as the parents of children who suffer from skin disease keep these cases at home, the percentage of children found in school with skin disease is small. 0.1 per cent. had ringworm (representing two children). Ten children—3 boys and 7 girls—0.6 per cent—had impetigo, and two children, 0.1 per cent. had scabies. Other skin diseases accounted for 0.6 per cent. of the children.

RICKETS.

2.2 per cent. of the children were found to have had rickets. The number of boys who had evidence of rickets was greatly in excess of that of the girls. In very few cases was the condition at all marked.

DEFORMITIES

Table II. includes all grades of deformity from a simple malformation or maldevelopment to evident crippling or other serious effect. The percentage of serious deformity was very small, and the total percentage of all "deformities" was 0.8.

In the entrants group one boy had one leg shorter than the other, and another boy had deformity of the face probably the result of slight paralysis in infancy. In this group one girl had marked

deformity of the hand. The face in one case and the nostril in another were found to be deformed.

In the 7-8 group one boy had a supernumerary thumb, and another had enlargement of the head, the result of hydrocephalus. A third had marked spinal curvature causing great deformity.

In the leaver group one girl had paresis of the leg. The other cases of deformity were of a minor character due to maldevelopment of the palate of slight degree—bifid uvula. A fairly common deformity of the hard palate was found in which the palate was unduly arched. This condition is frequently associated with projection of the front teeth to such an extent that the lips cannot be made to meet in normal fashion, and indistinctness of speech may also be present. This deformity of the hard palate has been variously ascribed to adenoids, much enlarged tonsils, and to the use of the dummy teat in infancy. There is good ground for believing that this practice is one of the commonest causes of the deformity.

Rickety conditions, which have been placed in a separate group, might well be included in the category of deformities, as in all cases there was some departure from the normal in the part of the body affected—head, chest, legs, etc.

SPEECH

Defective articulation was noticed in 22 children—1.4 per cent. It was equally frequent in both sexes. This condition is often the result of home training, or more correctly, the want of home training. The baby talk which is popularly supposed to be better understood by infants, is persisted in when the child should be taught to pronounce the more difficult sounds. In consequence when these children begin school their language may be practically unintelligible although the mothers profess to understand the gibberish of their children. The education of such children is hampered, as there is not sufficient opportunity in school hours to educate the children to speak properly. This should have been done before school life began, as the first stage in the education of a child begins at home. In some cases several members of the same family have this defect, and it is even considered to be the normal speech of the children so far as these families are concerned. The real reason for later children developing the habit is more likely to be imitation of an older brother or sister.

Stammering belongs to another category. It may develop as the result of imitation, but in the ordinary case it is due to a want of co-ordination of the muscles of the various parts of the speaking mechanism. The stammering is prevented to some extent by breathing regularly and deeply during speaking, and by speaking at the same time slowly and quietly. In other cases stammerers require special instruction before being able to overcome the defect.

MENTAL CONDITION

96.3 per cent. of the children were normal mentally.

3.6 per cent. were either dull or backward. The latter condition was sometimes due to the circumstance that the child had begun school at a comparatively late age.

The percentage of mentally defective children—feeble-minded—was 0.1 per cent. There were two cases—one boy in the entrant group, and one girl in the 11 years group.

The Education Authority is now required to make arrangements for the supervision of mentally defective children in accordance with the provisions of the Mental Deficiency Act, 1913, which came into force on 1st April, 1914.

Section 31 (1) of this Act is as follows :—

The duties of a local Education Authority shall include a duty to make arrangements, subject to the approval of the Board of Education,

- (a) for ascertaining what children within their area are defective children within the meaning of this Act;
- (b) for ascertaining which of such children are incapable by reason of mental defect of receiving benefit or further benefit from instruction in special schools or classes;
- (c) for notifying to the Local Authority under this Act, the names and addresses of defective children with respect to whom it is the duty of the local Education Authority to give notice under the provisions hereinbefore contained.

In case of doubt as to whether a child is or is not capable of receiving such benefit as aforesaid, or

whether the retention of a child in a special school or class would be detrimental to the interests of the other children, the matter shall be determined by the Board of Education.

- (2) The provisions of Section 1 of the Elementary Education (Defective and Epileptic Children) Act, 1899, shall apply with the necessary modifications for the purposes of this Section."

The other sections of the Mental Deficiency Act, 1913, which directly concern Local Education Authorities are as follows :—

Section I.—The following classes of persons who are mentally defective shall be deemed to be defectives within the meaning of this Act—

- (a) Idiots; that is to say, persons so deeply defective in mind from birth or from an early age as to be unable to guard themselves against common physical dangers;
- (b) Imbeciles; that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to idiocy, yet so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so.
- (c) Feeble-minded persons; that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to imbecility, yet so pronounced that they require care, supervision, and control for their own protection or for the protection of others, or, in the case of children, that they by reason of such defectiveness appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools;
- (d) Moral imbeciles; that is to say, persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on whom punishment has had little or no deterrent effect.

Section 2 (2)—Notice shall, subject to regulations made by the Board of Education, to be laid before Parliament as hereinafter provided, be given by the local education authority under this Act in the case of all defective children over the age of seven—

- (a) who have been ascertained to be incapable by reason of mental defect of receiving benefit or further bene-

fit in special schools or classes, or who cannot be instructed in a special school or class without detriment to the interests of the other children, or as respects whom the Board of Education certify that there are special circumstances which render it desirable that they should be dealt with under this Act by way of supervision or guardianship;

- (b) who on or before attaining the age of 16 are about to be withdrawn or discharged from a special school or class, and in whose case the local education authority are of opinion that it would be to their benefit that they should be sent to an institution or placed under guardianship.

Section 30 enumerates the various duties of the local control authority and contains the following proviso among others :—

- (iv) Nothing in this Act shall affect the duties or powers of local education authorities under the Education Acts; and the duty of ascertaining what children over the age of seven and under the age of 16 (hereinafter referred to as defective children) are defectives shall rest with the local Education Authority as hereinafter provided and not with the local authority under this Act; and such last mentioned authorities shall have no duties as respects defective children, except those whose names and addresses have been notified to them by the local Education Authority under the provisions of this Act.

In accordance with section 2 (2) set out above, the Board of Education have issued regulations, and also Model Arrangements framed by the Board for the guidance of local Education Authorities in carrying out the duties imposed upon them by Section 31 (1) of the Act.

The memorandum accompanying the regulations contains the following paragraph :—

The Board also wish to direct the attention of local Education Authorities to the desirability of close co-operation with the parents of mentally defective children in all matters relating to the education of their children or their notification to the local control authority. In the opinion of the Board it is important that parents should be given ample opportunities of making representations in regard to these matters, and that every endeavour should be made to

meet the legitimate views of the parents as to the course which is most consistent with the welfare of their children, and to keep them informed of their progress. It may be anticipated that the information furnished by the parents will often prove of value in enabling an accurate diagnosis of the case to be made.

Model Arrangements under the Mental Deficiency Act and Elementary Education (Defective and Epileptic Children) Act, 1899.

1. The certifying officers, who may include the School Medical Officer must be approved by the Board of Education.
2. It is the duty of the Head Teacher of every public Elementary School, and of the School Medical Officer to bring to the notice of the local Education Authority any children attending the School who appear by reason of mental defect to be incapable of receiving proper benefit from the instruction in an ordinary Elementary School.
3. The School Attendance Officers are required to report to the local Education Authority the names and addresses of children not in attendance at School who appear, or are reputed to be, defective within the meaning of the Mental Deficiency Act.
4. The local Education Authority is required to make arrangements in the case of a child reported for the examination within three months of the child's attaining the age of seven years, and at such other times as may be desirable.

Further paragraphs deal with the steps to be taken by the Certifying Officer as to examination and certification, and with the duties of Local Education Authorities.

VISION

The total number of children whose eyesight was tested was 1,160. Children under the age of six years were not subjected to the eye test, nor were those, a few in number, above that age who did not know the letters.

The total percentage of children who had normal vision in both eyes was 64.2. Table II. shows that the percentage (62.3) of entrants having normal vision in both eyes, falls to 55.4 in the next age-group (7-8) but again rises in the later age-groups. The fall is not altogether evidence that the eyesight in the 7-8 group is actually worse than at other ages, but is due to a large extent to incomplete co-ordination between the eye and the brain.

In all the age-groups the second largest percentage is that for the eyes in which slight defect was found.

The number of right eyes having markedly defective vision was 78, 6.8 per cent.; of left eyes 73, 6.2 per cent.. Marked defect is considered to be present when the acuity of vision is 6/18 or over.

SQUINT

This was present in 1.2 per cent. of all the children medically inspected. The condition was much more frequent among the girls, 16 of whom were affected in contrast with three boys.

Seven of the girls had marked defective vision at the same time in one or both eyes. Slight defect in vision was present in three cases—6/9 and 6/12. One girl had normal vision in both eyes; and four were not tested as they were too young. One girl aged six was unable to read.

The three boys with squint all had normal vision in both eyes.

Defective vision is thus seen to accompany squint in a large number of cases. Taking all the squinting cases, in 36.8 per cent. serious defect in vision was present at the same time in one or both eyes. If cases of slight defective vision be included the percentage is 52.6. These percentages include all children whether the eyes were tested or not.

It is very important that this condition should be remedied at as early an age as possible, as its continuance is detrimental to the sight of the eye and may eventually lead to the eye becoming blind.

VACCINATION

The following table sets out the condition as to vaccination of all the children medically inspected.

Vaccination	Boys		Girls		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Vaccinated	664	85.8	702	86.2	1,366	86.0
No Marks	54	6.9	49	6.0	103	6.5
Not Vaccinated	56	7.2	63	7.7	119	7.5

Some of the children who showed no marks were possibly not vaccinated but in the absence of the parents it was impossible to ascertain correctly. In any case the table shows that 14.0 per cent. of all the children were quite unprotected in the event of Small Pox being introduced.

The next table shows the number of vaccination marks in the vaccinated cases.

Number of Vaccination Mark	One Mark	Two Marks	Three Marks	Four Marks	Total
Boys	22	69	179	394	664
Girls	32	59	173	438	702
Totals	54	128	352	832	1,366
Percentages	3.9	9.4	25.8	60.9	100.0

TREATMENT OF DEFECTS

The parents of children found to be suffering from any condition requiring medical treatment were notified in writing. The treatment has been given by medical men, chemists, or by the parents themselves. To be of any service at all, defective conditions should receive the treatment appropriate to them and this treatment should be of the most thorough description and of an adequate nature. Many local education authorities have now taken up to a greater

or less extent the treatment of children either by the formation of school clinics, or by subscribing to hospitals and in this way skilled attention has been given to children who otherwise would have received little or no treatment. In rural districts constant medical supervision cannot be expected, and a great deal is left in the hands of the parents who may or may not be in a position to do all that is necessary. The Radnorshire Education Committee has adopted the principle of establishing Care Committees in connection with every School in the County and these should be of great service, but any movement in this direction must be incomplete unless at the same time School Nurses are employed. The work of the Care Committees would necessarily be largely under the supervision and direction of the nurses. The number of nurses required for a County of this kind, where the majority of the children live in sparsely-populated districts, would be large relatively to the population in order to secure effective visiting of the homes of the children. The nurses would not only be necessary for the children suffering from defects, *e.g.*, discharging ears, skin diseases, etc., requiring some form of skilled supervision over the treatment prescribed by the medical man attending, but their services would also be required for children having defects of a more chronic nature, and not so obviously requiring treatment. Such children would include those who are debilitated and poorly nourished, this condition in many cases being due to want of knowledge or carelessness on the part of parents as to the most appropriate diet for the children, and to ignorance or neglect of proper home hygiene. In general, much of the important work of "following-up" children found to be defective would be well done by School Nurses who would be fully conversant with the condition of the children because of their presence at the Schools while the medical inspections were being carried out.

In connection with the reports of the Head Teachers which have been received this year (1914) it has transpired that a large number of children have been absent suffering from illness or other condition for which treatment or advice would have been of great value. In some instances a school nurse, had one been available, could have rendered much assistance to parents in carrying out treatment prescribed by the medical men attending. From some of the reports it appears that in some cases the district nurses did actually attend with good results.

In the matter of actual treatment the Education Committee has taken a most important step forward in establishing a Clinic for the treatment of children suffering from defective eyesight. An arrangement has been made under which Dr. Russ Wood, of The Eye Hospital, Shrewsbury, will examine and prescribe for all children recommended to him by the School Medical Officer. The Clinic will be established in the County Buildings and Dr. Russ Wood will attend as required several times during the year. The cost per child is estimated at 10s. including 2s. 6d. for the provision of spectacles where these are required.

The following is a statement of the numbers of children for whom treatment of some kind was obtained, or was promised. The number of children for whom no treatment was obtained, and the number concerning whom no information was obtainable are also given.

	Treated	Treat- ment prom- ised	No Treat- ment	No Inform ation.	Total
Enlarged Tonsils	10	6	11		27
Defective Teeth	10	...	6	...	16
Ears—Wax	1	...	2	...	3
Ears—Otorrhoea	4	...	2	...	6
Deafness	1	1	9	...	11
External Eye Diseases	4	...	1	...	5
Squint	2	...	7	...	9
Defective Vision	35	6	50	1	92
Skin Disease	8	...	1	3	12
Bronchitis	1	...	...	3	4
Goitre	1	...	1	...	2
Deformity of Hand		1	...	...	1
	77	14	90	7	188

Twenty-three of the 35 children who received treatment for defective vision were provided with spectacles. This is equal to a percentage of 25.0 of all the children having defective vision.

Diphtheria. Bacteriological Examinations

By arrangements made with the Clinical Research Association, London, eight swabs were examined bacteriologically. The swabs taken related to six children. In two cases the diphtheria organisms

were found, but on a second examination at a later period no organisms were found. Bacteriological examination is of great value in determining when a child who has had an attack may safely be allowed to resume school attendance, and when applied to other children of the same family is a valuable means of detecting diphtheria in an early or unrecognised stage. The same procedure should be employed in the case of other members of the family who are not of school age as the arrangements in force only apply to school children. This has been done in the case of the Painscastle Rural District Council.

SCHOOL CLOSURES

The following Schools were closed during the year on account of infectious or contagious disease. In all cases both dates are included within the period of closure.

School	Period of Closure	Article of Code under which School closed	Disease
Newbridge	From end of Xmas holidays till 20 Jan.	45 (b)	Measles
"	20th—31st Jan.	"	"
"	3rd Jan—7th Feb	"	"
Knighton Boys'	3rd Feb—13th Feb	"	"
St. Harmons	10th—28th Feb	"	"
Knighton Infnts	7th Mar—20th Mar	"	"
Boughrood	21st—28th Feb	"	Influenza
Nantmel Church of England	24th—28th Feb	"	"
Painscastle	10 March till end of Easter Holidays	On the advice of District M.O.H.	Chicken Pox
Rhayader	1st—23rd May	45 (b)	Measles
"	26th May—6 June	45 (b)	"
Cwmduddwr	1st—24th Oct	"	"
Whitton	4th—21st Nov	On advice of District M.O.H. 45 (b)	Scarlet Fever
Pencerrig	18th—25th Nov	45 (b)	Mumps
Llangunllo	15th—24th Dec	Managers closure 45 (b)	Scabies

TOOTH BRUSHES

The number of tooth brushes sold, mainly during 1913, was 560. A number were sold in 1912, but these were not included in the number given in the report for 1912. The need for cleaning the teeth daily and regularly is not fully appreciated, and it is highly desirable that children should be instructed from an early age to keep the teeth clean and so prevent in great measure the decay of the teeth.

Sanitary Condition of the Schools

The following Schools were reported upon during the year with reference to defects found to exist.

NATIONAL SCHOOL, LLANDRINDOD WELLS.

The interior of the School required cleaning and repainting. The main defects found related to the condition of the offices outside the School. These were in a more or less dilapidated condition—boys' and girls' offices alike—and were not of such a nature as to encourage habits of cleanliness among the children. The palings separating the offices from each other were in bad condition, and did not secure privacy. The urinal was in bad repair and permitted of leakage to the outside. The external wall was in bad repair in consequence.

The enclosure for the School refuse was situated near the boys' offices.

The lavatory accommodation for both boys and girls was not satisfactory.

I visited this School subsequently in company with the County Surveyor and the various defects were pointed out to the Managers who attended.

It should be possible to make arrangements whereby the closets should be reserved for the school children only. Under the present arrangements no provision is made for locking up the closets during the time the School is closed.

ABEREDW SCHOOL

The water supply to this School is insufficient and I was informed that a more satisfactory supply might be obtained so that water might be laid on to the School premises.

LLAITHDDU SCHOOL

The water supply has been insufficient. The receiving tank was said not to fill readily because of obstruction to the entrance of water into the pipes. The School house is without any water supply.

The system used at the School for purifying the water after its initial passage through sand is by Pasteur-Chamberland filters. The system works excellently so long as the "candles" through which the water filters are cleaned periodically.

LLANDEWY SCHOOL

The floor of the infants class room was in bad repair.

The arrangements for flushing the offices are not efficient. The water comes from a mill pond near the School but efficient flushing is not obtained.

The supply of drinking water is obtained from a public spout. There is no supply on the school premises although a good supply for all purposes could be obtained with the sanction of the owner of the water.

LLANBISTER CANTAL SCHOOL

The cloak rooms are too small and are obstructed by the wash basins. These were not used because of deficient water supply. They were also cracked.

The water supply to this School is not sufficient in dry weather. It is obtained from a spring near the school and it was open to contamination and the coverings, etc., were in a bad state of repair.

The drainage arrangements for the School were found to be defective and unpleasant smells often came from the offices. The arrangements for drain ventilation were not effective for this purpose and a more efficient method is necessary.

BLEDDFA SCHOOL

The boys' cloak room is too small for the purpose and the space between the pegs is altogether insufficient.

GLANITHON SCHOOL

One of the walls was in bad repair as was also the wood work of the porch. The offices were in bad condition. The flooring of the school room was defective. Some of the windows required hopping to allow of more efficient ventilation.

LLANBISTER SCHOOL

This School was visited in company with the County Surveyor. Some of the School managers were also in attendance. It was pointed out to them that the drinking water supply was defective and open to surface contamination. The privy system was also of an objectionable character and caused pollution of the brook which passes below the School. This School consists of one room and seemed to be overcrowded.

NANTMEL ST. MARK'S SCHOOL

The drinking water for this School is obtained from a spring situated too far from the School—about a quarter of a mile away. A supply for other purposes is obtained on the premises from a well. The floor, etc., of the cloak room was in bad repair. Some of the windows require nopping in addition to the present arrangement. A Boyle's ventilator in the roof should take the place of the present ineffective arrangement.

GLADESTRY SCHOOL

The outside walls of the cupboards were found to be damp and mouldy. Some of the windows require to be hopped for better ventilation. The offices are almost without light and the roofs are too low.

The particulars regarding the foregoing Schools were laid before your Committee from time to time.

